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ABSTRACT

This paper discusses the placement, remediation, and management of the learning disabled child. The procedure for a professional assessment of the learning disabled child includes: (1) noting potentially dangerous signs such as poor visual and/or auditory memory for words, consistent letter or number reversals beyond the primary grades, short attention span, inordinate disorganization, and the inability to shift from one task to another; (2) teacher referral of the child for a professional diagnosis which should include a general screening (in speech, hearing, and neurological functioning), a psychological evaluation, and an educational evaluation; and (3) the establishment of a remedial program which should include a variety of materials, emphasize language first, overcome the perceptual disturbance, and modify inappropriate behaviors. Also included is a list of suggestions for the teacher working with learning disabled children in the special or regular classroom. (WR)

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REMEDIATION OF THE LEARNING DISABLED CHILD

A Paper

Delivered to the

NCEA Convention

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I would be less than honest with you fine educators today if I did not tell you that I was rather perplexed and my undergraduates in education were somewhat amused upon hearing of my assigned topic today: The Remediation of the Learning Disabled Child. You see, my undergraduates in reading have finally reached the end of a very time consuming course during which they performed all of the gross screening devices for potential learning disorders for a large group of pre-school children and left prescriptive teaching plans with the children's future first grade teachers. Early identification of learning disabilities was the major objective of this assignment. My students were amused to hear of my proposed topic because throughout their testing project and in previous courses, I have emphasized and reemphasized what I believe to be the ultimate answer to the whole issue of learning disabilities for the majority of children; that is, education cannot afford to wait until these children experience school failure and its ego shattering consequences and then try to institute remedial procedures. Colleges have an obligation to update their training programs for teachers of beginning reading so that teachers everywhere, not just experts, will be able to detect, and identify early, children with potential learning disabilities. To this end, my students continually hear the words, early identification and

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prevention, and the following comment: if the young child with potential learning disabilities does have the advantage of a finely knowledgeable and skilled teacher when he is first learning to read, he may not become an educational casualty in need of time consuming and not always successful remedial education.

You, who are aware educators, and I know the challenge to education is not to wait until the child has failed under conventional procedures but to teach him effectively from the start. With adequately trained skillful teachers in kindergarten and primary grades, much of the derogation to this child and his family as well as expense to society, for the remedial procedures for the majority of these children, could be eliminated. I do not doubt the importance of stressing special classes and special procedures for those who are severely impaired. Nor can I underestimate the need for specialists trained in remedial techniques for the thousands of children who continue to slip by what should be the watchful eye of a primary teacher and develop more serious problems. However, I am against the idea of classes for learning disabilities as full segregated units set apart from the rest of education if there is any possible alternative. If segregated classes are a must, they should be organized on the premise that the child is going to return to the mainstream of education as soon as possible.

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Taking into account my strong feelings about prevention and early identification as a must and segregated education only when necessary, I will attempt to offer a few comments about the placement, remediation, and management of the learning disabled child, my assigned topic for today.

In a recent report submitted to me, a very wise student aptly stated: "Talking about the remediation of learning disabilities is like describing the cheese that tops a savory dish of spaghetti. The cheese presupposes a well-cooked pasta and a carefully prepared sauce; without the pasta and sauce, the cheese is useless. The remediation of learning disabilities also has certain presuppositions--namely, a precise assessment of the problem or problems and a carefully worked out framework for helping the child; without such an assessment and framework, remedial techniques and materials can produce little or no effective change in the disabled student."[1]

The first step towards a professional assessment is often a parent or teacher who notices certain "danger signs." These signs include a poor visual and/or auditory memory for words, consistent letter or number reversals beyond the primary grades, an inability to adequately reproduce simple geometric designs, noticeable clumsiness, hyperactive behavior whereby the child cannot remain still for even his favorite tasks, short attention span, inordinate disorganization, inability to make the hands work together with the

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eyes, and perseveration, or, the inability to shift from one task to another.

The greatest step in the remediation of learning disabilities is not remediation, as such, but the growing awareness by primary teachers of the danger signs listed above. Recognition of the problem at the kindergarten and first grade level can save the child an immense amount of academic failure. Once the teacher sees a cluster of the above signs in a child, and these signs persist, the next step is referral for a professional diagnosis. Such a diagnosis by its very nature must include several disciplines: a medical examination (which includes at least a general screening in speech, hearing, and neurological functioning), a psychological evaluation (that includes a general measurement of potential and performance as well as personal history and behavioral assessment) and educational evaluation (that includes both academic achievement as well as a detailed analysis of reading, writing and computational skills).

As pasta is complemented by a tasty sauce, so is a correct diagnosis complemented by a proper framework for remediation. Such a framework should include communication with parents, a determination of teaching priorities, and, last and most important, the type of teaching facility needed for the child.

Once a child is defined as having a learning disability, several teaching facilities, or, remedial settings

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are possible. First of all, for the child whose problems are severe, he or she can be referred and if lucky enough be placed in a learning disability special education classroom. Dr. William Cruickshank, one of the experts in this field, was in New Orleans last month and reiterated the statement that children with learning disabilities occupy from two to twelve per cent of the classroom; two per cent following into the category of the severely impaired, while the remaining eight to ten per cent are mildly involved. Cruickshank estimated the numbers of children with learning disabilities fall in excess of the combined totals of the emotionally disturbed and mentally retarded. If this two per cent who are severely impaired could and would find placement in a special class or special school, then, secondly, what are the alternatives for the remaining eight to ten per cent of the children with mild problems? Their problems are not severe enough for special classes and by numbers alone, could not be placed in special education if they were referred. Two choices exist for this large group: (1) tutorial help of a remedial nature after school hours or during school hours, perhaps with a learning disability resource teacher, or, (2) one can rely simply upon the skills of the regular classroom teacher. The latter is not often enough unless the problems are extremely mild and the teacher very astute.

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With these classroom settings in mind, and hoping the child is placed with a competent teacher, whether in a special or regular classroom, or, tutorial setting, what should be the remedial objectives of learning disability programs, and how can effective management take place? Much of what I am about to say to you can relate to any learning disabled child no matter where he is placed. However, like a virus, so with the remediation of this child, the less severe the problem, the less stringent dosage needed for the remedy.

At last count, over 130 books exist on my shelves regarding children with learning disabilities, many with specific teaching suggestions. In addition, I have three huge closets with testing and remedial materials. As the education world has become more aware of specific learning problems, Big Business has emerged with a vast array of tests, texts, and materials to prevent, ameliorate, and remedy learning disabilities. From the real deficiency of several years ago, we are engulfed with media. At this time, I see the magic of the teacher as a classroom engineer begin to emerge as she figures out what to do with the many new materials. I must ask myself now: will the learning disability teacher become a master teacher or a mastered teacher? Will she be able to maintain her independence, judge materials wisely, and, I hope, base her teaching strategy upon the solid triad of child analysis, task analysis, and medium analysis.[2]

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Neither intent, nor time, nor prudence allows me to relate to you a myriad of specific tasks from this vast area of materials on my shelves for the learning disability child. I use the words intent and prudence because I have discovered, as most of you know, that the magic of learning for this child is not contained in any text or group of remedial materials. Those of us who are involved with preservice and inservice preparation of teachers know too well that just as children present different learning patterns and styles, so do teachers.

Three of the most effective learning disabilities classrooms I am familiar with are taught by three magnificent teachers in totally different styles and with equally fine results. One has a group of eleven disabled learners for whom she uses the behavioral modification approach, continual reward for the child's positive behavior while negative behavior is ignored unless detrimental to other members of the class. The second teacher is a team teacher in a class of over twenty learning disability children. The children are divided for various activities throughout the day in her class while the first teacher uses no grouping methods. Neither teacher one nor two has a specially structured physical environment as does teacher three. She has a special class of ten, with cubicles, slant top desks, white shades, bare walls, and gray carpeting. Each of her children picks up a specially designed learning contract each morning and checks off each task as it is completed. Then there is teacher

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number four, not in a special classroom, but who has three learning disability children in her regular classroom, one awaiting special education placement. For her learning disability children, she uses programmed learning materials for part of the day in very short doses, a variety of perceptual motor activities, and demands little or no homework and handwriting. She permits the learning disability children to take their tests orally.

Each teacher has one important ingredient--humanistic teaching, and the ability to understand the child's behavioral responses in the classroom, how to relate such responses to the child's level of development, and how to program for him in a way that will foster his ego growth. Each of these learning disability programs, although different in approach, has as its goal the development of the individual child to the fullest extent of his physical, mental, social, and emotional ability in order to meet his needs and to foster successful achievement.

In discussing the major goals of programming for the learning disabled child, the teachers of the programs referred to above and I concurred that the objectives of treatment should include: (1) emphasis particularly upon language first, then reading and arithmetic to enhance academic growth, (2) overcoming the perceptual disturbance, and (3) modification of inappropriate behaviors.

To briefly discuss these three objectives with a few specific suggestions, first let us think about language comprehension, which is what all learning involves. From a

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neurological standpoint there are three available avenues for language comprehension: the visual, auditory, and/or the tactile. To put it simply, if one of these pathways is blocked by a perceptual impairment, as is usually the case in the learning disabled, effort should be concentrated upon those pathways that work. Teach to the child's strengths, not to his weaknesses. Work through strength to weakness in order to build language comprehension.

If a child has visual imperfection, it is difficult and unfair to teach him to read by the whole word or look say method. Better results would be achieved through phonics or kinesthetic methods such as drawing letters and words in sand, using felt letters, or those made out of sandpaper or pipe cleaners.

If the child has tactile imperfections, the kinesthetic methods will only compound his frustration. If he has auditory discrimination difficulties phonics will present problems. These comments are based on the need for an exacting diagnosis of the child's perceptual disorders which is vital to the development of a program that teaches him. I have seen amazing results when the teacher understands completely the child's impairments and makes use of his abilities.

The ultimate tragedy of the disabled learner is that he has been denied information. The abstract comments of the language and words that describe this child's world and the world beyond him are the important factors too often forgotten. Language can be learned if it is taught. The child with a

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learning disability must begin to learn the language as the normal child learns to speak. You cannot teach the word "when" if the child has no concept of time. Understanding the word "where" is equally dependent upon the concept of spatial relations. Everything must happen someplace and somewhere and at sometime. Note the abstract concepts that the child must be able to project to understand.

This child cannot build perfect concepts of his world with his own wierd perceptions of himself, the people around him, the things that are happening, and the places and times where and when they are occurring. Without the ability to conceptualize and utilize language, how can we expect this child to interpret letters on a page and relate to the abstract world? Therefore, teachers interested in helping the learning disabled must talk, communicate, make frequent use of tapes, listening games, movies, records, field trips--stress communication and oral methods of teaching.

Visual and auditory perception must be synthesized in order to complete the cycle of being able to understand spoken language and to read and write language. Perception of the visual code or the auditory code of language is only the first step to learning, the second step, dependent upon the first, must be comprehension integration, association, and finally, memory of the language so that the third step--reading with understanding, writing and speaking will enable the child to communicate in his environment.[3]

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The learning disability child should be taught language concepts deliberately with concrete examples whenever possible. For example, whenever you can, if discussion in the classroom centers around an object you can bring to the classroom for demonstration, try to do so. Replicas of objects or even pictures are concrete, and can be seen, felt, and moved. See the lemon, feel the lemon, cut the lemon; taste it, tart, isn't it? You have fostered conceptual thinking in this way. To have a learning disability is to have a language disability. Remedial reading cannot be remedial if the child has no concept of the language upon which to base his reading.

A second major objective upon which to base learning disability remediation involves overcoming perceptual disturbance. The perceptual-motor approach presupposes that improvement in physical coordination, bodily movement and ocular control is a necessary prerequisite to improved learning. While controlled studies to verify this presupposition are wanting, many individual programs have reported great success with perceptual-motor training.

Essentially perceptual training should concentrate on:

1. visual motor coordination with activities such as finger painting, understanding geometric shapes through the tracing of templates, pegboards, designs, and other activities of this nature.

2. tactile discrimination with activities such as the discrimination of touch through the use of form and texture manipulation, with vision occluded, i.e., identify a bag of items by feeling each.

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3. visual memory including such activities as having the child recreate a picture from memory, or, recall a television program.

4. auditory discrimination activities such as a tape recorded series of sounds, letters, numbers or words to identify and note likenesses and differences.

5. perception of visual judgment with activities such as locating objects in the room.

6. spatial relations which can be enhanced through the arrangement of symbols, forms, blocks, pictures, numbers, letters, and words in a left to right manner.

7. kinesthetic movement with games such as Simon Says and Angels in the Snow.

8. figure ground activities utilizing activities such as the identification of pictures or shapes among a background of extrensic stimuli.

The language experience approach is often an effective way to begin reading once the initial language and perceptual skills are enhanced. Simple vocabulary words and short stories dictated by the children utilizing their experiences are enjoyed and often work well in beginning reading for disabled learners.

Cruickshank's book, A Teaching Method for Brain-Injured Children; Kephart's, The Slow Learner in the Classroom; Aids to Psycholinguistic Teaching by Bush and Giles; Getman's How to Develop Your Child's Intelligence, and Valett's The Remediation of Learning Disabilities are among the many excellent books offering concrete suggestions for activities for these children.

Marianne Frostig provides specific programmed materials. Gillingham offers a sequential basis for learning

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phonics. Spalding and MKM are among the many approaches used to assist the learning disability child in beginning reading.

In discussing the third objective, that of remediation for children with learning disabilities through modifying inappropriate behaviors, teachers have a responsibility to see that these children are salvaged psychologically. It is vital that children with learning disabilities not harbor negative and hostile feelings against education, themselves, or life.

The learning disabled child needs affection, approval and acceptance. He needs to know that he is a fine intelligent person with worthy qualities and abilities. You may have to help him understand that at times he will have to work harder and perhaps have to be satisfied with fewer results. We need to assure him that despite this, he has a future and that there are many areas of employment and real accomplishment available to him.

The child with learning disabilities needs to be protected from the ridicule of his classmates. He needs to read aloud, but <u>not</u> amidst destructive snickering and, I believe, the teacher is the key person here. If we treat this child with respect and as the fine, intelligent person he really is, his classmates will also.

Once teachers are aware of this child's impairments, it is easier to make allowances for his poor handwriting, inferior spelling, and the slow pace of his reading.[4] I hope teachers will be able to allow him more time, demand less of him, make allowances for his intent, and even find time to test

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him orally to confirm that he knows information even though he can not write it on a test paper.

The task of a learning disability teacher is an enormous one for the learning disability teacher is both teacher and therapist. As in all therapy settings, the relationship between the two is essential to the success of the program. The very minimum we owe these children is to immediately remove them from classrooms where uncomprehending teachers are accelerating the child's journey towards academic failure and destruction. We have already destroyed enough children in such classrooms.

It is customary to describe the learning disability teacher-therapist in an idealistic fashion--the epitome of teacher excellence. Because of the special demands for the learning disabled child, such idealism cannot simply be set aside. However, the teacher must at least have a perceptive nature so he or she can grasp the child's difficulty; she must be creative since each child's program will be different; she certainly will need Job's patience and a high personal frustration level; and, there is finally a quality of dedication by which a child can recognize an adult who is truly interested in helping him grow.[5]

To help this child grow, I would like to leave you with a few suggestions to remember in working with learning disability children in the special or regular classroom setting:

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1. Children with learning disabilities must have a chance to experience success. Begin instruction by choosing tasks at their performance level. Gradually increase the skill required.

2. Break the learning disability child's activities into separate, manageable steps; when necessary, teach the parts separately.

3. Decrease environmental stimulation. This does not mean you have to specialize in Cruickshankian cubicles, but it may be necessary to isolate the child occasionally to a part of the room.

4. Use many different approaches in trying to teach something that a child finds hard to learn. When necessary teach through all of the senses, i.e., visual, auditory, tactile, kinesthetic. Intensive repetition may be necessary.

5. Learning disability children learn best through activity. They also learn from talking, listening, watching, and imitation.

6. Avoid homework other than perhaps one small task nightly. Allow material to be read to the child.

7. Permit tests to be taken orally or with tape recorders if necessary.

8. Let these children use their finger or a piece of cardboard as a crutch in reading. They will discard this habit when no longer needed.

9. Avoid excessive pressure. Children with learning disabilities take longer to complete a task. Be patient!

10. Be flexible. Remember children with learning disabilities often forget tomorrow what they learned today.

11. Prepare disabled learners for schedule changes. Avoid surprises.

12. Grant short breaks throughout the day. Minimize sitting still demands.

13. Encourage less competitive physical education activities such as swimming.

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14. Keep lines of communication open with parents and child. Talk over the child's problem honestly to both parents and child. Children will live in fear if kept guessing about what might be wrong. Having a learning disability is so much less serious than most handicaps.

15. Let these children know you know they are capable but they may learn in a different manner than most. Show them you have faith in their ability and with some patience and flexibility they will learn. But you must believe this in order for the child to also.

To borrow a thought from Mann and Phillips,[6] it is to the total child as a total organism that we need to direct our efforts rather than myopically focusing on fragments of the child to the exclusion of recognizing him as a unique and total person. The learning disability child is a unique and total person. That which is so exciting about this vast group of children is that they can be helped and in so doing, another group of productive citizens will be reborn because of you, the aware teacher.

If one cannot discuss Kephart in detail, implement Cruickshankian cubicles and follow with fervent faith the principles of Sam Clements, Frierson and Barbe, Strauss, Lehtinen, and others, have we really missed all of the splendid cure? Absolutely not! Humanistic teaching based on some background and pragmatic skills lends itself neither to extensive research on the part of teachers nor for right now to teacher efforts placed on computer analyses of proof.

While some still wait for all the tools and techniques to be perfected for the learning disabled child, we

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still have this child to teach and he simply cannot wait for all the magic formulas to develop, or, he will continue to ruin. There is so much that cannot be learned about this vast group of children overnight. It seems imperative that each of us begins first by identifying as many of these children as possible and, then by proceeding to help them in the best way we can--NOW!

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FOOTNOTES

[1]Dr. Charles Nolan, Director, Gables Academy, Remedial Techniques for Children with Learning Disabilities, Learning Disabilities Seminar, April 24, 1973, Class Lecture.

[2]Phoebe Lazarus, "The Medium is not the Method," Academic Therapy, Vol. VI, No. 3 (Spring 1971), pp. 229-30.

[3]Martha Serio, "Bringing the Cow into the Classroom," Academic Therapy, Vol. IV, No. 4 (Summer 1969), pp. 303-4.

[4]R.M.N. Crosby and R.A. Liston, "Dyslexia: What You Can and Can't Do About It," Grade Teacher, February 1969, pp. 78-86+.

[5]Dr. Charles Nolan, Class Lecture, April 24, 1973.

[6]L. Mann and W.A. Phillips, "Fractional Practices in Special Education: A Critique," Exceptional Children, 33 (1967), pp. 311-17.